## Recipient Report: Grant or Loan Version: 1.1 Prime Recipient

	Reporting Information	
Award Type*	Award Number*	Final Report*
Grant	Award No. 1 H5BHP16810-01-00	N

	Award Recipient Informa	tion
Recipient DUNS Number*	Recipient Account Number	Recipient Congressional District*
		24
137676875	S9-07-21-03	01

	Award Information	
7526  Amount of Award*  \$100,000.00  Program Source (TAS)*  Total Number of Sub Awards to Individuals*  75-0351  Total Number of Payments to Vendors less than \$25,000/award*  0.00  Total Number of Sub Awards less than \$25,000/award*  Total Sub Awards less than \$25,000/award*  Total Sub Awards less than \$25,000/award*	Awarding Agency Code*	Award Date*
7526	7526	09/16/2009
Amount of Award*	CFDA Number*	
\$100,000.00	93.402	
Program Source (TAS)*	Sub Account Number for Program Source (TAS)	
75-0351		
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to Individuals*	
0.00	\$0.00	
	Total Amount of Payments to Vendors less than \$25,000/award*	
0.00	\$0.00	
	Total Amount of Sub Awards less than \$25,000/award*	
0.00	\$0.00	

Award Description\*

The purpose of the ARRA 2009 State Loan Repayment Program (SLRP) funding opportunity is to support Delaware's well established program to achieve an appropriate number and geographic distribution of health professionals in Delaware, with a particular focus on areas of the state federally designated as underserved. The SLRP offers licensed health professionals an opportunity to receive awards for repayment of educational loans in exchange for their committment to serving the uninsured, underinsured, Medicaid, and Medicare populations in DE. The SLRP helps to address health professional workforce shortages that may cause disparities in access to health care.

Number of characters entered: 668

	Project Information	
Project Name or Project/Program Title*		Total Federal Amount ARRA Funds Received/Invoiced*

ARRA State Loan Repayment Program	Not Started	\$100.000.00					
Number of Jobs*	Description of Jobs Created*						
Number of cops	Under the SLRP program, authorized awards for repayment of outstanding government and commercial loans incurred during undergraduate and/or granduate education (i.e. principal, interest and related expenses for tuition and educational costs) are provided to eligible health professionals who agree to practice in underserved areas of the state. Eligible applicants include advanced degree practitioners (i.e. primary care physicians, providers of geriatric services, general psychiatry, pediatric dentists, general practice dentists) and mid-level practitioners (i.e. primary care certified nurse practitioners, nurse midwives, physician assistants, psychiatric nurse specialists, lincensed clinical social workers, mental health counselors, registered clinical dental hygienists). Loan repayments make clinician salaries and benefits packages more attractive and competitive. Just as this can be helpful when recruiting providers, it can help a practice retain providers in their employment, who otherwise might be lured by higher salaries elsewhere.						
0.00	Number of characters entered: 1055						
regularly scheduled meetings. The review/recommenda distribution of providers practicing in DE, hospital needs racial/ethnic characterisitcs, languages spoken, educati and (where applicable) the outcome of face to face interprovider applications are forwarded to the Delaware Instelaware Institute of Dental Education and Research B Repayment program has the potential to benefit healthc services by increasiing the number of providers in unde Number of characters entered: 1808	s assessments), the availability of funding, applicant clin on and work experience) practice sites (i.e. number/per rviews between the selected applicant clinicians. Recor titute of Medical Education and Research Board (DIMER oard (DIDER), and finally to the Health Care Commission care in underserved communities of the state in a variety	ician characteristics (location/urban-rural, centage of Medicaid/low-income uninsured served) nmendations of the Committee regarding medical R), dental recommendations are forwarded to the on for ultimate decision. The Delaware State Loan of ways: Fill gaps in acess of primary care					
Activity Code (NAICS or NTEE-NPC)*							
1   E06	2						
3	4						
5	6						
7	8						
9	10						
Total Federal Amount of ARRA Expenditure*	Total Federal ARRA Infrastructure Expenditure	Infrastructure Contact Name					
\$0.00							
Infrastructure Contact Email	Infrastructure Contact Phone	Infrastructure Contact Phone Ext					
Infrastructure Contact Street Address 1	Infrastructure Contact Street Address 2	Infrastructure Contact Street Address 3					
Infrastructure City	Infrastructure State	Infrastructure ZIP Code+4					
Infrastructure Purpose and Rationale							

Number of characters entered: (	0		

	Primary Place of Performance	
Street Address 1	Street Address 2	City*
410 Federal Street, Suite 7	Margaret O'Neill Building	Dover
State*	ZIP Code+4*	Congressional District*
DE	199010000	01
Country*		
us		

	Rec	ipient Highly Compensated Officers	
Prime Recipient Indication of Reporting Applicability*	#	Officer Name	Officer Compensation
No	1		
	2		
	3		
	4		
	5		

Recipient Report:	Version: 1.1	
	Sub	Recipient
	Reporting Information	
Award Type*	Award Number*	Recipient DUNS Number*

Locate a State Code										
Browse the State Drop Down List:	Enter State Name:	Found State Code:								
DE - Delaware	Delaware	DE								
Locate a Country Code										
Browse the Country Drop-Down List:	Enter Country Name:	Found Country Code:								
US - United States	United States	us								

ard Type*	Award Number*	Recipient DUNS Number*				•	Drop-Down List:	Enter Country Name:	Found Country Code:														
	Award No. 1 H5BHP16810-01-00	137676875					US - United States	United States	us														
	Sub Recipient Information		٤	Sub Award Information				Sub Recipie	nt Place of Perform	ance						S	Sub Recipient High	hly Compensated C	Officers				
Sub Recipient DUNS Number*	Sub Award Number*	Sub Recipient Congressional District*	Amount of Sub Award*	Total Sub Award Funds Disbursed*	Sub Award Date*	Street Address 1	Street Address 2	City*	State*	ZIP Code+4*	Congressional District*	Country*	Sub Recipient Indication of Reporting Applicability*	Officer 1 Name	Officer 1 Compensation	Officer 2 Name	Officer 2 Compensation	Officer 3 Name	Officer 3 Compensation	Officer 4 Name	Officer 4 Compensation	Officer 5 Name	Offi
137676875	S9-07-21-0		\$100,000.00		09/16/2009	410 Federal Street.		Dover	DE	199010000	01	US	S No										